

This form is to be completed by the carer immediately prior to a child or young person leaving the care arrangement (excluding emergency care arrangements of a few days duration). The detail and thought put into completing this form will greatly assist the child or young person in transitioning home or to a new care arrangement. A copy of the completed form will be placed on the child or young person's departmental file and a copy provided to the parents or carers.

Carers are encouraged to include positive comments about the child or young person. Further information can also be recorded by attaching additional information such as photos, certificates, reports

Child or young person's name	Date of birth	Special names child known by	Length of care arrangement	Family / social relationships
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**Family Contact arrangements**

*(Including arrangements for family contact visits, the child or young person's reaction to contact visits, any difficulties arising from contact and the positive aspects of family contact)*

**Any significant friendships or significant children or adults in the child or young person's life.**

**Relationship with the carer's family and the child or young person's reaction to the placement ending**

Information about the child's swimming ability and about the level of 'active' supervision required when the child or young person is in, on or near water.

Hobbies, interests, or social activities that the child or young person enjoys.

Sports the child or young person plays and arrangements for participation in these sports.

### Medical information

Medicare Number:

General Practitioner:

Any specific medical conditions to be aware of.

*(Including current medication, immunisations, management of any current medical conditions, further medical appointments etc.)*

Any specific dental needs to be aware of:

### Therapeutic needs

Developmental delays  
*(if any)*

Behavioural issues:  
*(e.g., ADHD, ADD)*

**Scheduled appointments**

*(Where, who with, travel arrangements, child or young person's views about appointments/therapists etc.).*

**Any outstanding issues**

**Educational Information**

School

Grade

Teacher's name

**Additional comments**

*(Any learning difficulties, developmental delays, key contact people at the school, support personnel, any school attendance issues, the child or young person's views about school, school achievements etc).*

**What personal records of the child have you returned? Please list the item and whether it was provided to the Foster and kinship care service or the CSSC.**

**What belongings are going with the child or young person that have been purchased or gifted to them, such as, laptops or bicycles.**

**GENERAL INFORMATION**

**Routine**

*(If the child is of a young age, please provide information about their bedtime, sleep patterns (including are they accustomed to a light being left on at night, the door open, sleep disturbances, nightmares, sleep walking etc.), favourite television shows and toys, toilet training, bed wetting, bath time, self-care ability (i.e. ability to brush their own teeth, dress him/herself etc)*

**Nutrition *(Such as food likes or dislikes, any issues with eating or formula used (for a baby))***

**General Behaviour**

*(Such as discipline strategies, how does the child or young person relate to different age groups etc.)*

**Emotional Behaviour**

*(Such as fears, anxieties, behaviour management strategies etc.)*

**Specific behavioural issues**

*(Such as issues with drugs, alcohol, peer relationships, sexualised behaviour, self-harming behaviour etc).*

## Comments

*(Any information about the child or young person that will assist the next carer in meeting the child or young person's needs.)*

## Carer Signature

Name:

Date:

\*Contact number:

\*Contact email:

Carer Signature:

*\*If you are happy to be contacted by the next carer to obtain further information or clarification.*